

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|-----------|
| FEE DETERMINATION | BH | | 6/26 |
| O.I.P.E. CLASSIFIER | AW | 32 | 7/5 |
| FORMALITY REVIEW | HR | 1015 | 10-13-01 |
| RESPONSE FORMALITY REVIEW | AM | 917 | 11-013-01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
|----------|---------|
| Final | |
| Original | |
| 1 | 1/12/02 |
| 2 | 1/12/02 |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
 staple additional sheet here

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